

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/016,633</td> </tr> <tr> <td>Filing Date</td> <td>October 30, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Martin Peiter</td> </tr> <tr> <td>Group Art Unit</td> <td>1765</td> </tr> <tr> <td>Examiner Name</td> <td>Binh X. Tran</td> </tr> <tr> <td>Attorney Docket Number</td> <td>SC0142WD</td> </tr> </table>	Application Number	10/016,633	Filing Date	October 30, 2001	First Named Inventor	Martin Peiter	Group Art Unit	1765	Examiner Name	Binh X. Tran	Attorney Docket Number	SC0142WD
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Address to: Mail Stop RCE Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450													
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).													
1. Submission required under 37 C.F.R. 1.114 Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). <ul style="list-style-type: none"> a. <input type="checkbox"/> Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked. <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____. ii. <input type="checkbox"/> Other _____ b. <input checked="" type="checkbox"/> Enclosed <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input checked="" type="checkbox"/> Other <u>Fee Transmittal Sheet</u> 													
2. <input type="checkbox"/> Miscellaneous <ul style="list-style-type: none"> a. <input type="checkbox"/> Suspension of Action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(i) required.) b. <input type="checkbox"/> Other _____ 													
3. <input checked="" type="checkbox"/> Fees The RCE fee under 37 C.F.R. 1.117 (e) is required by 37 C.F.R. 1.114 when the RCE is filed. <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 503079, Freescale Semiconductor, Inc. <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e) ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17) iii. <input type="checkbox"/> Other _____ b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed.. c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) 													
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED													
Name (Printed/Type) <u>James L. Clingan, Jr.</u> Signature <u><i>James L. Clingan, Jr.</i></u>	Reg. No. <u>30,163</u> Date <u>1/27/05</u>												
CERTIFICATE OF MAILING OR TRANSMISSION													
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on: <u>1/27/05</u>													
Name <u>Elaine Cox</u>	Signature <u><i>Elaine Cox</i></u>												